

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42096**

FILED DEC 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>5792</u> Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colfax Township</u>		c. LENGTH OF STAY (in this place) <u>72 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colfax Township</u> <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			d. STREET ADDRESS (If rural, give location) <u>✓</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>		b. (Middle) _____		c. (Last) <u>Johnston</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 7 1880</u>	9. AGE (in years last birthday) <u>72</u>	10. IF UNDER 1 YEAR Months _____ Days _____
11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Johnston</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Hulda Johnston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hulda Johnston</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Nov 26, 1952</u> , to <u>Nov 27, 1952</u> ; that I last saw the deceased alive on <u>Nov 27, 1952</u> , and that death occurred at <u>10:30 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>L. W. Swanson M.D.</u>		23b. ADDRESS <u>Lamoni, Iowa</u>		23c. DATE SIGNED <u>Nov 29, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Lamoni Ia</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 9-52</u>		REGISTRAR'S SIGNATURE <u>S. P. Shaw 117</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A Marsh</u> ADDRESS <u>Lamoni Ia</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.....

Signed

*Wm. Marsh*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4400*

P. O. Address *Lamoni Ia.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.